
RADIO COMMUNICATION

PURPOSE

To define the requirements for medical communications between all prehospital personnel, base and receiving hospitals. All patient information, treatment, and the time initiated will be recorded accurately and completely on the patient care report. No patient names will be given over the radio except at the request of the base hospital physician and with patient approval. ALS transport/non-transport agencies may only accept orders from Base Hospitals within the ICEMA Region. The base hospital physician may deviate from ICEMA protocol if it is deemed medically appropriate and if the orders are within the provider scope of practice.

BLS PROCEDURE

1. Each BLS transport will be equipped with a county approved communication device.
2. For any acute or unstable patient a receiving hospital must be contacted as soon as possible with the following information:
 - a. The unit number, EMT-I name, and the situation
 - b. The patient description to include age, sex, and approximate weight in kilograms (kg)
 - c. Patient's chief complaint and related signs and symptoms, and the mechanism of injury, if appropriate
 - d. Vital signs to include blood pressure, pulse, respiratory rate and effort, pupil response, skin vital signs, capillary refill and glasgow coma scale.
3. For stable patients or for routine transfers a receiving hospital must be contacted as soon as possible with the following information
 - a. The unit number, EMT-I name, and the situation
 - b. The patient description to include age, sex, chief complaint/injury BP, pulse, respirations and ETA.

ALS PROTOCOL

1. Each ALS unit (transport and non-transport) will be equipped with a **minimum** of one (1) mandatory communication device and one (1) optional communication device:
 - a. Mandatory Communication Devices
 - i. 800 MHZ radio in San Bernardino County
 - ii. VHF (MED NET) radio approved for Inyo & Mono Counties only
 - b. Optional Communication Devices
 - i. UHF (COR) radio approved for Mono County only
 - ii. Cellular phone approved for all counties
 - iii. Other device as approved
2. Base Hospital contact shall be initiated on the following:
 - a. Any patient receiving ALS interventions and remaining symptomatic following ALS interventions.
 - b. Any patient receiving ALS interventions who refuses transport.
 - c. Any patient contact with a child under the age of nine. When a caregiver refuses transport, base hospital contact shall be made prior to the EMS provider leaving the scene.
 - d. Any patient receiving ALS Interventions prior to determining death on scene (Protocol Reference #14007).
 - e. During an IFT, any change in patient status that requires a medication order or change in destination
 - f. Base hospital contact may also be made on any patient who in the EMT-P's judgment would benefit from base hospital consultation.
3. In a declared MCI, base hospital contact will be established per Protocol Reference #12001 Medical Response to a Multi Casualty Incident.

4. In areas with short transport times or when functioning in radio communication failure (RCF), contact must be made as early as possible with the receiving facility on all transported patients not meeting criteria for base hospital contact.
5. When base hospital contact is initiated; the following information will be given by the EMT-P unless the base hospital waives this information:
 - a. The unit number, EMT-P name, and the situation
 - b. The patient description to include age, sex, and approximate weight in kilograms (kg)
 - c. Patient's chief complaint and related signs and symptoms, and the mechanism of injury, if appropriate
 - d. Vital signs to include blood pressure, pulse, respiratory rate and effort, and oxygen saturation if appropriate.
 - e. Physical assessment and general appearance
 - f. Past medical history, including medications and allergies
 - g. Cardiac Monitor interpretation, if appropriate
 - h. Prior to contact therapy initiated and response including all medication dosages and route given.
6. After contact, the MICN will provide the following:
 - a. Both the MICN and physician names, with time of contact.
 - b. Acknowledge any interventions or medications given prior to contact
 - c. All medication orders given will state the medication name, dosage and route.
7. Patient destination is the responsibility if the base hospital physician based upon patient condition and patient and/or family/law enforcement request.
 - a. Patient request for a certain facility should be honored **unless**
 - i. Patient medical condition is acute and meets criteria for diversion to a closer facility
 - ii. Request is for a facility further than 30 minutes away and outside of the transporting agency's EOA. In these cases, the patient will be offered transport to the closest appropriate facility.
 - iii. Requested facility is closed due to Internal Disaster
 - iv. Requested facility is not a designated paramedic receiving facility.
 - b. In cases when a patient request may be determined by the base hospital physician to be detrimental to the patient's condition, the patient and/or family/law enforcement must be informed as to the risks up to and including death. All circumstances should be documented on the patient care report.
8. During an Interfacility Transfer:
 - a. If patient condition significantly deteriorates requiring ALS interventions during transport patient destination may be changed by contacting a base hospital
 - b. If patient destination is changed, it is the responsibility of the base hospital to notify both the sending facility and the designated receiving facility of this change
 - c. The base hospital will include an evaluation of any destination change in their ICEMA CQI report.
 - d. Base hospital contact is required for **any** medication order during an inter-facility transport.
9. In San Bernardino County, the San Bernardino County Communications Center will determine the destination of trauma patients when a request for an aircraft is received per Protocol Reference #14054 Aircraft Destination Policy. Upon arrival of the aircraft:
 - a. The ground crew shall give report and inform the designated aircrew member regarding trauma base hospital contact:
 - i. If trauma base hospital contact was made the aircrew shall maintain contact with that trauma base hospital regardless of destination.
 - ii. In the event that the ground crew did not contact a trauma base, the aircrew shall contact the receiving trauma base.
 - b. LLUMC must be contacted directly by the aircrew for pad assignment.
 - c. If the designated trauma receiving facility destination is changed for any reason, the trauma base hospital initially contacted shall be **immediately notified of destination change by the aircrew**.
 - d. ICEMA shall be notified of any destination change and a QI report forwarded to ICEMA within five days of the transport.

APPROVED:

ICEMA Medical Director Date

Inyo & Mono Co. Health Officer Date

ICEMA Executive Director Date